

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

AMENDED

NAME (Last, First, Middle) ARAKAKI, DENNIS, AKIRA	STATE POSITION HELD: (Dept/Div or Board/Commission) STATE REPRESENTATIVE TERM OF OFFICE (Begin/End): 11/02/04 / 11/06/06
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	HAWAII STATE LEGISLATURE HAWAII STATE CAPITOL HONOLULU, HI 96813	D	STATE REPRESENTATIVE
SP	KALIHI UNION CHURCH 2214 No. King Street Honolulu, HI 96819	D	OFFICE MANAGER
DC	JAMIE LEIGH ARAKAKI HMC KARAOKE 98-108 Lipoa Street Aiea, HI 96701	B	DISC JOCKEY
DC	CAMMIE ARAKAKI COLOR CUTS HAIR SALON 660 Ala Moana, Suite 211 Honolulu, HI 96813	B	Assistant

☐ Check here if entry is None
☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

☒ Check here if entry is None
☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
JT	(D) KUTLEMA CONDOMINIUM Unit was sold to purchase Pokai Bay Condominium	
JT	POKAI MARINA APARTMENTS Unit 503 Financial Code (C)	

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F/SP	COUNTRYWIDE MORTGAGE P.O. Box 10229 Van Nuys, CA	G	G
F/SP	BANK OF HAWAII	D	D
F/SP	CITY & COUNTY EMPLOYEE FCU	D	D
F/SP	SALLIE MAE STUDENT LOANS	B	B

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	HONOLULU NEIGHBORHOOD HOUSING SERVICES	Board Member	Resigned 6/01/03	None
F	HAWAII CHILDREN'S TRUST FUND	Board Member	Indef.	None
F	AFFORDABLE HOUSING & HOMELESS ALLIANCE	Board Member	Indef.	None
F	HONOLULU COMMUNITY ACTION PROGRAM	Board Member	6/30/04	None

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	3046 Uaawa Place (Residence) Honolulu, HI 96819	1-4-024-049	H
JT	91-055 Parrish Drive Ewa Beach	1-91-7-80	G
JT	Kona Coast Time Share Keahou Kona, HI 96740	Not specified	C
<input checked="" type="checkbox"/> JT	Pokai Marina Apartments, Unit 503 85-040 Lualualei Homestead, Waianae, HI 96792	(1) 8-5-008-001 (CPR23)	C
<input checked="" type="checkbox"/> JT	Pokai Marina Apartments, Unit 404 85-040 Lualualei Homestead, Waianae 96792	8-5-8-1 (CPR 19)	C

☐ Check here if entry is None
 ☐ Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
<input checked="" type="checkbox"/> JT	Pokai Bay Marina, Unit 503 85-040 Lualualei Homestead, Waianae, HI 96892	\$ 168,310.00..... \$138,555.13	Gerald Jensen
<input checked="" type="checkbox"/> JT	Pokai Bay Marina, Unit 404 85-040 Lualualei Homestead, Waianae, HI 96792	\$ 12,000.00	to CENTRAL PACIFIC BANK Michael Allen Tone

☐ Check here if entry is None
 ☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
<input checked="" type="checkbox"/> JT	57-120 Lalo Kuilima Way Kuilima Estates East Apt. 1/9 1-5-7-001-027 (CPR 0009)	\$ 330,000.00	Tonya Lee Wentling

☐ Check here if entry is None
 ☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
06 AUG -7 P2:17	STATE OF HAWAII STATE ETHICS COMMISSION		STATE OF HAWAII STATE ETHICS COMMISSION 06 MAY 25 A11:26	

☒ Check here if entry is None ☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Alan G. Guebara

SIGNATURE

5/22/06

DATE